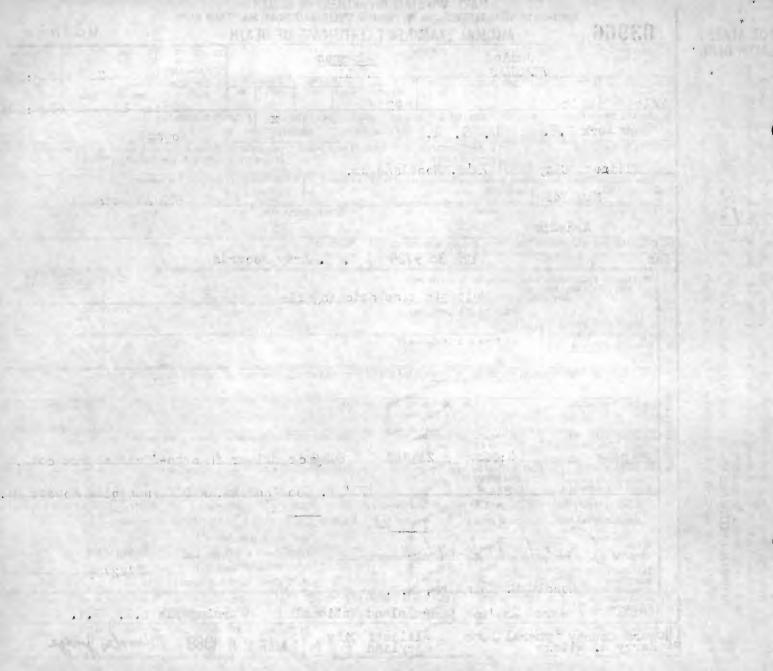
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03959 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 20. DATE KNOWNE Almenas 2b. HOUR Julio delay i. nd 3 to Page (Type or Print) ESTI 90 ALMENAS DEATH MATED TIII.TO partment 6. AGE (In years 3 SFX 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS 2c, DATE PRONOUNCED DEAD 2, and PM3. lost birthday! Male White 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH 18. Give Pages 1, along with farm country) New York N.Y. U. S. A. WIDOWED | DIVORCED State Howard 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
73 E. Woodland Rd. during most of working life, even if retired.) INDUSTRY Ellicott City 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE New York 736. COUNTY YES NO Item I 873 Almstead after and 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Arcadia 24 in haurs ecute the certificate, writing the word "pending" in pencil in Page 4 should be forwarded to the Chief Medical Examiner'S Sebod 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT "pending" in pencil **ADDRESS** (Yes, na, or unknown) 24 36 9725 U. S. Army Records within APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple traumatic injuries event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate cause (a), writing the word duy This certificate shauld DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .5 crematian, or removal, and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION be used 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES NO 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) 3 shauld PRIMARY X OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 2:55 MX Subject driver in auto-fixed object coll
21f. LOCATION Street or R.F.D. No. City or Jawn County Sta 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, factory, affice building, etc.) DIRECTOR: Page WHILE AT WORK AT WORK 731 E. Woodland Rd. of Old Annapolis Howard Md. Street burial, 22a. I certify that I took charge of the remains described above, held an Autaps xxx. Inspection . Inquiry . and in my apinion funeral directar. retained deoth resulted from: Natural causes Accident Ky. Suicide | Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL may be re FUNERAL I 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5 may by TO FUNER. DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) Ronald N. Kornblum, M.D.

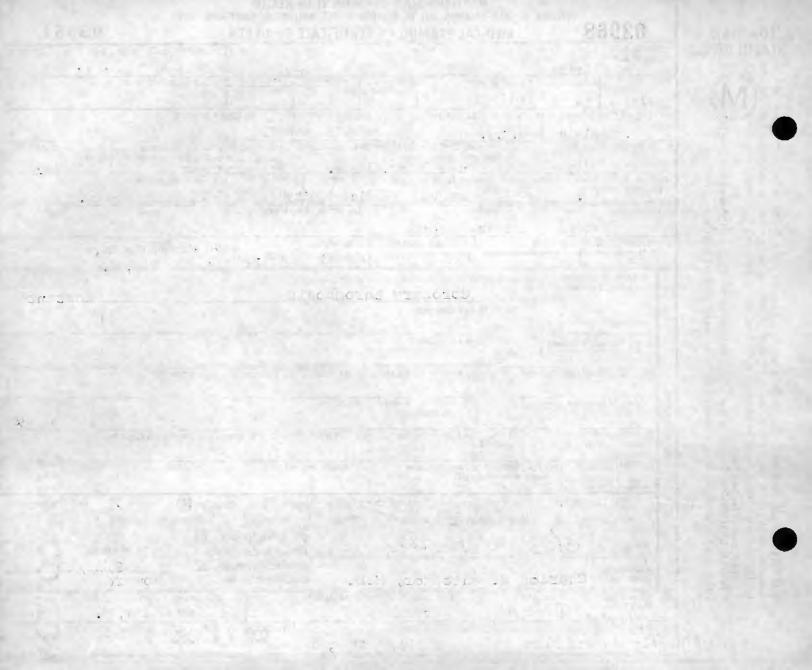
123b. Date | 123c. Name of Cemetery or Crematory the 23a. BURIAL CREMATION, 23d. LOCATION (City or Town) (County) (Store) REMOVAL Specify March 25 169 Long Island National Farmingdale L.T. N.Y. Efficott City oward County und Harry H. Witzke 250. REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Tuneral Home VR A15ME (5) Maryland 10M REV. 1/68



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	requires that the death certificate be executed within g physician. I signed by the attending physician and campletely filles burial-transit permit. Then please remaye carbon pa	al, and	160. Y	WAS DECEASED EVE	R IN U.S. ARME	D FORCES?	16b. SOCIAL SECURITY	NO. 17	. INFORMANT	ord Bowe	er Rt.	Address 1 Woodbir	ne Marvl	and
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	PHYSI he has this cer etache	Dept.		21d. INJURY OCCU While Not whi	RRED 21e. P	LACE OF INJURY	AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.		LOCATION Street		· ·	or Town	County	Stote
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 should be detached for use as the burial-trainsit permit. Then please remove carban pagess.	the State		22a. I certify sow the c	that (I) (this deceased oli ated obove,	haspital) ott ve on <u>Mo</u> (l) (we) (did)	ended the deceos rch 11 (did not) view the	ed from 1969, o bady ofte	nd that in (m r death.	196 1y) (our) opin	5 , to Na nion death o	arch 11 19 occurred on the do	69, that te and haur d	(<u>l) (</u> we) lost and fram the
	OR AT De refo	ed with		22b. SIGNATURE	Same	Mun	Lucon		GREE PHYS.		ED.	22c. 1	DATE SIGNED	
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	Page 4 O FUN	shoul	230.	BURIAL, CREMATION REMOVAL (Specify)	N, 23b. Da	18 69	23c. NAME OF LOTT:	CEMETERY C	R CREMATORY			ON (City or Town)	(County) Marylar	(Stote) 1d
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FOD STATE	03968 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	02004	
FOR STATE		03961	
EALTH DEPT.	(Type or Print)	oy Year 2b. HOUR	
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	Daniel Luther Coberly	LUSI	
pages	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 1166 SOCIAL SECURITY NO. 177 INFORMANT ADDRESS		
	(Yes, no, or unknown) (If yes give wor or doles of service) 213 09 3679 Robert Coberly, Filestt City, Md.	,	
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burial, cremation,		and in my apiniar	
Health prior to burial, crem		ŀ	
10	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 226. DATE SIGN	NED	
9		L5/69	
d	EXAMINER'S NAME (Type) Charles S. Whitaker, M.D. ADDRESS(Street, city, town, or county) Howard	2/03	
0	230. BURIAL CREMATION. 23b. DATE 23c NAME OF CEMETRY OR CREMATORY 23d LOCATION (City or Lown) (Co.	ounty) (State)	
	REMOVAL (Specify) 3/70/60	,	
Da	24. FUNERAL DIRECTOR ADDRESS 25a. REGISTRAR 25b. REGISTRAR'S SIGN		
AE (5)	Higinbothom Slack Ellicott Citymed DATE WAR 2 1 1969	1	

MARTLAND STATE DEPARTMENT OF HEALTH



1 %	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	03969 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03962	
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FOR STATE		03972 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03965							
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	22a. I certify that (I) (this haspital) attended the deceased from 13.5PT., 1968, ta 6M4R., 1968, that (I) (we) last saw the deceased alive on 257412. 1964, and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated above (I) (we) (did) (did not) view the bady after death.
OR ATTENE be retained be retained DIRECTOR: A ge 3 should	226 SIGNATURE // Cichard Ceruptur Degree Phys. MED DIRECTOR D STAFF March 6, 1969
A A A A A A A A A A A A A A A A A A A	22d. PHYSICIAN'S T. PICHARD COMPTON 6 2 MAIN ST., LAUREL, Md.
TO HOSPIT Page 4 mx TO FUNERA director, 8	23a BUR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
VR A15	24 FUNERAL DIRECTOR ADDRESS Land DAME 1 4 1969 Strang Signature



,		MARYLAND STATE DEPARTMENT OF HEA	
0	03074 DIVISIO	ON OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIM	ORE, MARYLAND 21201 03967
	(100-2	CERTIFICATE OF DEATH	
nours after death. by the funeral reages I and 2 bours after death.	1 DECEASED-NAME First (Type or print) /1	Middle Lost	2a. DATE OF DEATH Manth Day Yeor 2b. HOUR
deo	HLFRE	D EDWARD GIODINGS	3 12- 69 424 M
ful ful fer fer	3. SEX 4. RACI	S PATE OF BIRTH	6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) MONTHS DAYS HOURS MIN.
s af the age	M	W January 23	1901 lost hirthday) YRS MONTH'S DAYS HOURS MIN.
- 20 Sq. 100		MAKKIEDIYY I NEVER MAKKIEDI YZ	COUNTY OF DEATH
24 haurs after death 24 haurs after funeral pers. Pages 1 and 2	(ountry) MARYLAND	C'S A WIDOWED DIVORCED	HOWARD Md.
is EQE	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street oddress)	OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR af working life, even if retired) INDUSTRY
ed within pletely fills carban fo ent_within	LAUREL	LAUREC - HIGHRIDGE RD STOR	of working ife, even if retired) INDUSTRY CEREPER OWAS TORE
	13a USUAL RESIDENCE (Where deceased lived, r admission) STATE 13b C	finstitution Residence before 13c CITY OR TOWN 13d INSIDECITY LIMITS	² [13e STREET AND NUMBER
aml scut	durinssion) STATE MD 130 C	DUNTY HOWARD LAUREL YES NOD	LAUREL- HIGHRIDGERI)
e execution and campaign and every execution and every execution and every eve	14. FATHER S NAME First	Middle Last IS MOTHER'S MAIDEN NAME First	Middle Lost
a la	GEORGE	GIDDINGS NECLIE	SIDOUC
certificate be executed physician and cample then please remove cammaval, and in any event	16a. WAS DECEASED EVER IN U.S. ARMED FORCE Yes, no. or unknown) (fyes give was as days of	5? 16b. SOCIAL SECURITY NO. 17 INFORMANT	Address
phys.	les, ac of olikinowity	Helen Grd	durgs . ahare
The The	18. CAUSE OF DEATH (Enter only one cau	se per line for (a), (b), and (c)	APPROXIMATE INTERVAL BEDWEEN ONSET AND DEATH
ie death cei attending p permit The	PART + DEATH WAS CAUSED BY IMMEDIATE CAUSE	(a) Coronary the	y contoring firstant
atte	111100	TO, OR AS A CONSEQUENCE OF	
that the death certifi an. by the attending phy transit permit. Then cremation, ar remava	Conditions, if any, which gove	1) Tryngalusius C.	1). Alslore 269er
that an. by trans	nse to immediate cause (o). stating the underlying couse	TO, OR AS MONSOUENCE OF 10	2 1 1 1
quires that the deat physician. signed by the attend burial-transit permit burial, crematian, arr	lost	10 flent astructor	leroses Voyar'
equires physicic signed burial-t burial, c	PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND	DITION GIVEN IN PART 1(a)
ing he he	= (Aselis	no of Empliggen	
e law re tending 1s been as the priar ta	19a. DATE OF OPERATION 19b. CONDITION	FOR WHICH OPERATION WAS PERFORMED / 20a ALTOPSY?	206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
YSICIAN: The law raspital or attending certificate has been thed far use as the pit of Health prior ta	19a. DATE OF OPERATION 19b. CONDITION	YES 🗀 NO 🗽	CAUSES OF DEATH?
AN: That or at icate he far use Health		TIME OF INJURY JR A.M. Manth Day Year 21c HOW INJURY OCCURRED (Enterna	iture of injury in Part 1 or Part 2, Item 18.)
D State of the sta	(If either, natify medical examiner)	P.M. 19	
G PHYSICIAI the haspital this certifice detached fau		INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No.	City or Tawn Caunty State
DING PHYS by the has frer this ce be detache State Dept.	While Not while at wark		
	22o. I certify that (I) (this hospit	ol) ottended the deceased from	n deoth occurred on the date and hour and from the
=	sow the deceased alive on	e) (did) (did) (did not) view the body ofter deoth	on death occurred on the date and hour and tram the
* ATTEI retaine ECTOR: 3 shoul	22b. SIGNATURE	(dia)/(dia hor) view the body offer deom	22c DATE SIGNED
OR ATTENDING DE retained by DIRECTOR: 19 3 Should be 19 4 With the Stat	F 11 11/6	DEGREE PHYS MED DIRECT	STAFF -
	22d. PHYSIGHAN'S	22e. ADDRESS	1 0
PIT mo	NAME(Type) MV	ARREN FOU	ere e rud
O HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 should should be filed with the	230 BURIAL (REMAT ON, 23b DATE		3d LOCATION (City or Town) (County) (State)
5 5 6 5 4 V	STEMOVAL (Specify) 3 -/4 -	69 Emmanuel Cen	Sanggroulle Mil
OA	24 FUNERAL DIRECTOR	ADDRESS (250 REC'D BY R	EGISTRAR 255 REGISTRAR'S SIGNATURE .
VR A15 (4) 30M REV 1788	Mandedown Vi	ulial Have mil DATIAR]	8 1969 Minutes Judge.

1 1		MARYLAND STATE DEPARTMENT OF HEALTH	
		03975 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	03968
FOR STATE		MEDICAL EXAMINER 3 CERTIFICATE OF DEATH	00303
HEALTH DEPT.		ECEASED-NAME (ype or Print) Charles McKinley GRIMES 20 DATE KNOWN Month OF ESTI- DEATH MATED Marc	Day Year 25 HOUR 6 1967 11 A-M
ny deloy 2, god 3, 7M3, Bog partment	3 5	A RACE S DATE OF BIRTH & AGE (in years IF LINDER 14 HRS 2c DATE PRONOUNCED DEAD los birthday) MONTHS DAYS HOURS MIN Month Alexand Day	Year 10 40 P
Par S	70.	SIRTHPLACE (State or foreign 7% CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	1967 725 M
form form te De	COUR	tri) fowarde ma U.S.A WIDOWED DIVORCED Howard	Co Md.
Give Poges Give Poges and with for the the State th.	10. (of OR TOWN OF DEATH HOUR RO II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done during most of working) to even if retired)	126 K NO OF BUS NESS OR INDUSTRY
# /º /= o		USUAL RESIDENCE (Where deceased lived if institution Residence before 13c. CITY OR TOWN 13d. WISIDE CTY JM. 152 13e STREET AND NUMBER	onies Towns
hours offer Jean-Pe Gi Office olon land 2 with	14 -	ATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Last
in in series		MARLES MRKINLEGGKIMES UNC	
INTER: This certificate should be Executed within 24 hours of secretificate, writing the word "pending" in penals in the should be forwarded to the Chief Medical Examiner's Office of files. 3 should be used as o burial-transit permit. File pages land 2 wation, or removal, and in any event within 72 hours offer de		WAS DECEASED EVER IN S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (if yes give wor or dates of service) 212-12-1543 PARLES Fool 23 FE//S (UE ELLICOTY
This certificate should be Executed wit ficate, writing the word "pending" in pe is be forwarded to the Chief Medical Exar ld be used as a burial-transit permit. File or removal, and in any event within 72		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1 DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
should be Executed ne word "pending" is the Chief Medical burial-transit permit. I in ony event within		LI I I IMMEDIATE CAUSE (a) TT TETILOSI TETIDOS CATEGO VASCADA CISESSE	
e my pen sit g		DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave 3	
d b d i Chic Chic		rise ta immediate cause (a). (b).	
worl worl fhe ridl-		lost	
the to to dir		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ficote ing th rded I rded I ras o		THAT 2 CHIER S SHITTOWN CONDITIONS CONTRIBUTING TO DEARN BUT NOT RECEIVED TO THE TERMINAL D SEASE OR COMP TON GIVEN IN TART 1(0)	
ware ware	NOIL	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
e us	CERTIFICATION	WAS PERFORMED?	YES NO 💹
	CERT	21d EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c HOW IN, JRY OCCURRED (Enter nature of injury in Part 1 or Part 2, it	
XABILER: ite the certified 4 should your files. oge 3 should cremation,	EDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
t sh r fill 3 3 3 mat	=	21d INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, foctory, office building, etc.) 21f LOCATION Street or R F.D. Na. City or Town	County State
ical Exammer: e execute the cert for Page 4 should ed far your files. ETOR: Page 3 shou buriol, cremation,		WHILE NOT WHILE I TOTTORY, STITCE BUILDING, etc.)	
ICAL EXA e execute for Poge ed for you cCTOR: Pog		22a. I certify that I taak charge of the remains described above, held an Autopsy 🔲, Inspection 📈, Inquiry 📈	, and in my apinian
director estained DIRECTO		death resulted from. Natural couses , Accident , Suicide , Hamicide , Undetermined manner	
TY pleose y, pleose erol direct on retaine (AL DIREC		CHIEF MEDICAL EXAMINER	
Y, P Y, P rol e re AL prio		SIGNATURE Thomas of Herbert, MD ASSISTANT MEDICAL EXAMINER 226 DATE	SIGNED C, 1469
	}		
necessory, the funerol 5 may be r o Funeral Health principal	-	NAME (Type) /homes F Herbert, M.D. ADDRESS[Street, ally, town, or county] 44/Chunl	
1 = = ~ 5 ±	230	BUR A., CREMATION, 23b DATE 23c, NAME OF CEMETERY OR CREMATIONY (23d LOCATION (City or Town)	(County) (State)
八个	24	FUNERAL DIRECTOR / ADDRESS, 250 RECD BY REGISTRAR 256 REGISTRAR S	S GNATURE
VR A15ME (5)	1	ONALD E. CHUIER 170/N. PATTERING PROMAR 10 1969 JULIAN	es judge

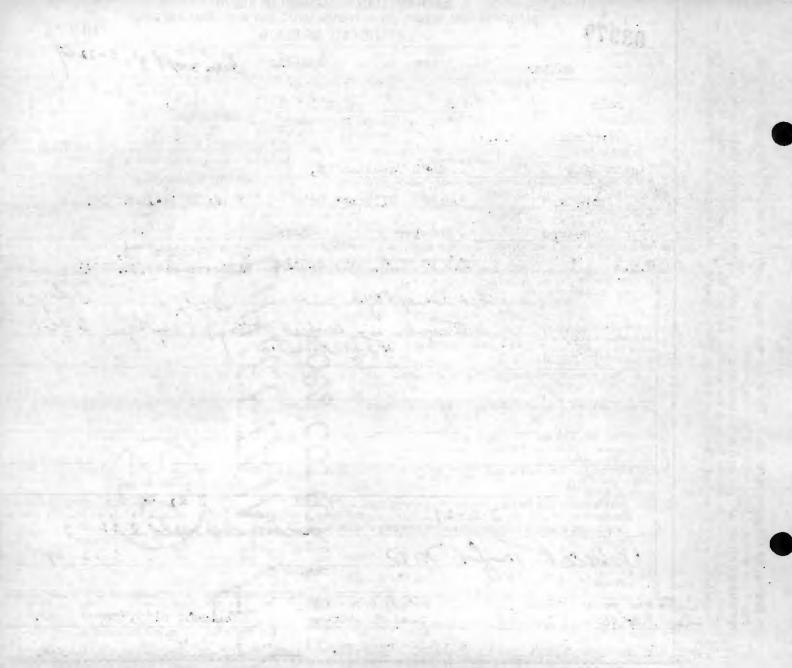
	03976 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH								
÷ _ 2 ÷		ECEASED NAME First		Middle	Last	20.	DATE OF DEATH	26 HOURA	
er death. funeral 11 and 2 er death.	((ype or print)	су	v.	Molesworth		March T	5,1969 3:30 m	
ler ver	3. 51	EX .	4. RACE		S. DATE OF BI	RTH		IF UNDER 1 YEAR IF UNDER 24 HRS	
		Female	Whit	е	Sept.	28, 1878	6. AGE (In years last birthday) 90 YRS.	MONTHS DAYS HOURS M-N	
a FAR	7a.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WH	AT COUNTRY?	8. MARRIED NEVER MAR	RIED 9. CO	UNTY OF DEATH		
24 hours after death ad it by the funeral ppet. Ages 1 and 2 72 ours ther death	140	Maryland	USA			KŒD 🗍	Howard	Md.	
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ecuted within completely fille ove carbon pay event, within	_	Mt. Airy	9,40,3	RFD # 3		Hou	working life, even if retired.)	MOOSIKI	
cart vent	13a. adm	USUAL RESIDENCE (Where deceases	ed lived, if instituti	an Residence befare		13d INSIDE CITY LIMITS?	13e. STREET AND NUMBER		
N e e e e e e e e e e e e e e e e e e e	_	Maryland	13b COUNTY Howa		Mt.Airy	X	RFD # 3		
and rem	14	FATHER S NAME First	Middle	Last	IS MOTHER'S MA	AIDEN NAME First	M ddle	Lost	
e bo	14-	Thomas WAS DECEASED EVER IN U.S. ARM		Brashear	NO. 17 INFORMANT	M.	attie -	Garber	
icat Vsici ple al, a	100		ar or dates of service)	IDD SOCIAL SCURIT		Anna A TO	Address	251	
phy hen hevor	=					dred E.	Murphy, R#3,	Mt. Airy. Md.	
e death certificate b attending physicion vermit. Then please on, or removal, and i		18. CAUSE OF DEATH (Enter online PART I. DEATH WAS CAUSED	BY:		rod Arton	S. C. 1.	. •	BETWEEN ONSET AND DEATH	
dea fren fren fren fren fren		4409 IMMEDIA	, ,			MUSCIENC	5/3	Many Years	
t the the a sit pe		Canditions, if any, which gave		S A CONSEQUENCE OF					
hot T. Y. th		rise to immediate couse (a),	(b)	S A CONSEQUENCE OF					
es the second se		stoting the underlying couse last.	(c)	J A CONSEQUENCE OF					
equires that th physician. signed by the burial-transit I burial, cremati		PART 2. OTHER SIGNIFICANT CON		ING TO DEATH BUT N	OT RELATED TO THE TERMINAL	L DISEASE OR CONDIT	ION GIVEN IN PART I(o)		
ng pen sen sen sen sen sen sen sen sen sen s	z						1,		
The law ratending attending hos been se os the h prior to	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHI	CH OPERATION WAS PI	RFORMED 20g AUTO	PSY?	206 IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING	
aft des	Ę				YES 🗀	NO [CAUSES OF DEATH?		
rote or u		21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH		INJURY Month Day Year		URRED (Enter notus	re of injury in Port 1 or Port 2, I	tem 18.)	
of the state of th	MEDICAL	(If either, notify medical examin	er) P.M.	1	9				
Page 4 may be retained by the hospital or attending physicion. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled director, page 3 should be detoched for use as the burial-transit permit. Then please remaye carbon page should be filed with the State Dept. of Health prior to burial, cremation, or remayal, and in any event, within 72 months.	×	While Not while at work		AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC			City or Tawn	County State	
by 1 by 1 ffer be o		22a. I certify that (I) (the saw the deceased al causes stated abave	s haspital) atte	nded the deceas	ed fram For	2, 18:4,	10 March , 19	69, that (I) (we) last	
R: A	ı	saw the deceased al	(I) (we) (did) (did not) view the	19 <u>67</u> , and that in (m body after death	y) (aur) opinian	death accurred an the da	te and havr and tram the	
ATT ATT Short if the 1		22b. SIGNATURE	, (1) (10) (010) (ara riar) view irie	budy differ death.		22c. [DATE SIGNED	
OR be re 3 led w		66 9 S. CE	Much	200	ZU DEOREE PHYS	IG AMED. DIRECTO	R PHYS D MI	auch 15,1469	
AL Doy to be pool of the pool		22d. PHYSICIAN S	.07	-/ //	22e ADD	RESS		2	
TO HOSPITAL Page 4 moy TO FUNERAL I director, pog should be fill	L	NAME (Type)	· 15, CL	1/46//		net. Ce	ey reau	Cuch	
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VR A15	24.	FUNERAL DIRECTOR Olin L. Mol	nawonth.	ADDRESS		250 REC'D BY REG	1969 256 REGISTRAR'S	SIGNATURE	
30M REV. WEST		OTIN TO MOT	saworun,	Damascill	o, Plue	DATE	.000		





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FOR STATE		03978		-	R'S CERTIFICAT		DAND 21201	0.3	3971
HEALTH DEPT.			irst	Middle	Lost		20. DATE KNOWN		eor 2b. HOUR
ay is 3 ta Poge int af	(ype or Print) DOF	RIS	L.	SIM	MONS	OF ESTI-	2	19 M
	3 5	X 4 RACE	5 DATE OF BIRTH		(n years is JNDER YEAR birthday) MONTHS DAYS		2c DATE PRONOUNCED	DEAD	2d HOUR
PM3	_	emale Yellov			O YRS		March	24. Year	969 9A10 _M
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Give Pages 1, and with form the State De	10. (TY OR TOWN OF DEATH			STITUTION (If not in hospi		CCUPATION (Kind of world working hife, even fro		OF BUSINESS OR
ive ive g w the		Elkridge			ler Park	Cook		Restau	
s ofter de 18. Give F 1 olang wi 2 with the death		USUA. RESIDENCE (Where dec Im-ssion) STATE Md.	light COUNTY HOS	n Residence before		+3d INSIDE CITY EMITS? YES NO	13e. STREET AND NUMB	Washingt	con Blvd.
W		riu.	Middle		Elkridge		Rte.#4 Box		
7	14 1	ATHER'S NAME First	Middle	Lost	IS. MOTHER'S N		Midd	Jie	Lost
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			tion come and distance of community			* 04			4.40
with n pend Exami					##@Benton E	s. Simmons	1107 Washi		DXIMATE INTERVAL
		18. CAUSE OF DEATH (Enter PART DEATH WAS CAU			rotic cardic		dd		N ONSET AND DEATH
d be executed in pending in the Medical Chief Medical fransit permit.		11 10 11 IMME	DIATE CAUSE (o)			vascular	uisease		
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is certificate should te, writing the ward forwarded to the Che used as a burial-transval, and in any		TAKE 2 OFFICE STORESTORES CO	HIDEITOID CONTRIBUTIO	TO DEATH SOT NOT	KUDUED TO THE SEKMINAL	E DISEASE OR CONDING	NA GRACIA HA LWEE I(O)		
certif arwan used maval	TION	190. DATE OF OPERATION	191	b. CONDITION FOR V	HICH OPERATION			20 A	JIOPSY? artial
	CERTIFICATION			WAS PERFORMED				YI YI	es v No
<u> </u>		210 EXTERNAL CAUSE WAS		URY Month, Day, Yea	21c. HOW INJURY	OCCURRED (Enter notu	ire of injury in Port 1 or	Port 2, Item 18.)	
NER: I certific certific hauld by the should trion, artion, artion, artion, artical certification, artical certifi	MEDICAL	PRIMARY OR CONTRIBUTION CAUSE OF DEATH	HOUR A.M.	19					
(AMINER: te the certifie 4 shauld ran files. age 3 shou cremation,	ME	21d INJURY OCCURRED 21	e. PLACE OF INJURY (At h		21f LOCATION Stre	eet or R.F.D. No	City or Town	County	State
XAM ute th age 4 yaur yaur Page crem		AT WORK AT WORK	factory, office building, e	erc.)	Pa	rrial			
CAL EXAMINER: execute the cert or. Page 4 should d for your files. CTOR: Page 3 shou		22a. I certify that	I took charge of the	remains describ	ed above, held an Au		spection Ina	uiry , ond	in my opinion
tor. Poet of for CTOR:		death resulted from	~			Hamiode	Undetermined n	nonner 🗍	, .
please edirector		(3)	0	12, -	1	HIEF MEDICAL EXAMIN	ER 🔲		
y, ple y, ple ral di pe rett tAL Di		SIGNATURE Ku	~3J. <	to m	MD F	ASSISTANT MEDICAL EXA	ALTHIUT POL	22b. DATE SIGNED	
			arles S. Si	ringate.	MaD.	DEPUTY MEDICAL EXAM		arch 24, 1	1969
o DEPUTY necessory, the funeral s may be o FUNERAL Health pri		NAME (Type)			, A	ADDRESS(Street, city, to			
5 = ± ~ 5 ±	230	BURIAL, CREMATION, 2 REMOVAL (Specify)	3b DATE		CEMETERY OR CREMATORY		LOCATION (City or Town	n) (County)	(Stote)
^	-	Burial _ [M	arch 28, 69		ore National		Baltimore.		
VR A15ME (5)		FUNERAL DIRECTOR		ADDR		2So RECD BY RE	g strar g 1969 25b REC	SSTRAR'S SIGNATURE	del
10M REV 1/68	Wx	. E. Johnson	8521 Loch H	Raven Blv	d. 21204	DAMAR 2	0 ,200	0	6





TANKS THE STATE OF THE SALE MORNEY TORS TO THE LETTER THE as ne poulsen such sulphistic to well floorie and indep to 19 - trib float M tanks that the macy. and amount to the transfer of the Lorent Land ingled . Tieffer - The Chives September - 1000 - 1000 - Laine Her a 200 a calle ove opening to the and in the